

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only
DO NOT WRITE
IN THESE SPACES
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9476</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Del</u> <u>French</u> P O Box Bldg Room No If any Street <u>22617 NE 92nd</u> City <u>Battle Ground</u> State <u>Washington</u> ZIP Code + 4 <u>98604</u>	4 Name file number and address of labor organization Name <u>OP&CMIA of the United States and Canada</u> Labor Organization File Number <u>000-132</u> P O Box Building and Room Number If any Street <u>14405 Laurel Place Suite 300</u> City <u>Laurel</u> State <u>Maryland</u> ZIP Code + 4 <u>20707</u>
5 Position in labor organization <u>International Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed Del French

On 8/10/2005
Date

360-687-1915
Telephone Number

Name of Person Filing Del French

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Cement Masons - Employers Health Welfare &

Trade Name if any

P O Box Bldg Room No if any

Street 9848 E Burnside

City Portland

State Oregon ZIP Code + 4 97216-2330

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits

11 b Approximate dollar value of such dealing

\$4 207 037

12 a Nature of interest held or income received

Meeting expenses

(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration Inc)

12 b Amount

\$557

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing Del French	File Number U-
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Cement Masons - Employers Pension Trust Trade Name if any P O Box Bldg Room No if any Street 9848 E Burnside City Portland State Oregon ZIP Code + 4 97216-2330	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits 11 b Approximate dollar value of such dealing \$2 150 779 12 a Nature of interest held or income received Meeting expenses (Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration Inc) 12 b Amount \$557

Name of Person Filing Del French

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name OR/SW WA Cement Masons Apprenticeship Train1

Trade Name if any

P O Box Bldg Room No if any

Street 9848 E Burnside

City Portland

State Oregon

ZIP Code + 4 97216-2330

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits

11 b Approximate dollar value of such dealing

\$327 942

12 a Nature of interest held or income received

Meeting Expenses

(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration Inc)

12 b Amount

\$208